UIA 1260e
(04-11)

Reset Form

Authorized by
MCL 421.1, et seq.

State of Michigan
Department of Licensing And Regulatory Affairs
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia

Employer Remuneration Questionnaire

Mail Date:

Unemployed Worker's Name:

SSN:

As an authorized representative of the Unemployment Insurance Agency, the Multi Claimant Unit determines eligibility for unemployment benefits when one or more individuals of the same employing unit are separated under similar or related circumstances.

Please supply information for the above-named unemployed worker and any others involved using the table provided. In order to properly process these claims, it is essential that you complete this form in its entirety.

1. **How many individuals are involved? _____ On a separate sheet of paper, please provide the name(s), Social Security Number(s), the type and amount of payment for all involved.**

2. What type(s) of payment was/were issued on or after the individual's last day of work?

3. How were the payment(s) made? (e.g. weekly, bi-weekly, semi-monthly, monthly, lump sum, or other.)

4. Is the payment allocated (will the payment cover a specific time period other than the week in which it is paid)? Please provide the amount and the dates for each period covered. (Please see reverse side.) If the individuals received holiday pay or vacation pay, please provide the amount for each type of payment separately.

5. If the payment was not to cover a specific period, provide the date issued and the amount of the payment.

6. Was the payment issued based on a union contract or other agreement? If so, please provide a copy.

7. Were the individuals informed in advance of this payment and that it would be covering a specific period? If notice was in writing, please provide a copy of the notice. (Only required for vacation pay.)

8. If the unemployed worker is receiving vacation pay, did he/she request the vacation pay in lieu of time off?

If you have any questions, please contact the Multi Claimant Unit at 313-456-2757.

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Reverse Side

Unemployed Worker's Name:
SSN:

PAYMENT TYPE	Payment Allocation Period	
	From	Through
BONUS		
SEVERANCE		
HOLIDAY		
SEPARATION/TERMINATION		
SALARY/WAGE CONTINUATION		
PAYMENT IN LIEU OF NOTICE		
SICK		
VACATION		
TRANSITION		
OTHER		

PAYMENT METHOD	Weekly		Bi-Weekly		Monthly		Semi-Monthly		Lump Sum		Date Issued	Amount
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
BONUS	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔		
SEVERANCE	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔		
HOLIDAY	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔		
SEPARATION												
SALARY/WAGE CONTINUATION												
PAYMENT IN LIEU OF NOTICE												
SICK												
VACATION												
TRANSITION												
OTHER												

Please mail or fax this form to the address or fax number provided below. Section 32(b)(3) of the MES Act requires that you respond to this request within ten days from the date of mailing.

Name: _____
(Please Print)

Signature: _____ Title: _____

Phone Number: _____ Date: _____

Mail to: Cadillac Place
Multi Claimant Unit
3024 W. Grand Blvd., Ste. 13-188
Detroit, Michigan 48202

Or fax to: 313-456-2755